

State of Wyoming
Department of Health
Dental Services
Public Notice of Updated Dental Services Reimbursement Methodology

Wyoming Medicaid is implementing an updated reimbursement methodology for Dental Services effective June 1, 2015 to better align its reimbursement for services provided by dental providers with those for services provided by other provider types. The updated payment system is based on 70% of average billed charges for dental services. Under this methodology, services are paid based on the following :

- Dental codes that do not have a current fee will be paid at 70% of billed charge until sufficient data is available to establish an allowable fee

The following will be an addition to the current State Plan:

For new dental procedures, Wyoming will set a fee at 70% of the fee determined by the National Dental Customized Fee Analyzer and fee data from average billed charges of Wyoming dental providers, as allowed by legislative funding. For procedures that do not have sufficient data to set a fee, reimbursement will be determined by report and reimbursed at 70% of billed charge until sufficient data is available to establish an allowable fee. Fee for specific procedures are adjusted when a significant number of claims or fees are defined as outliers or there is a comparable CPT code with a set fee. CPT fees are determined using the Resource-Based Relative Value Scale (RBRVS). This fee will be utilized to price the dental code.

The Wyoming Medicaid Dental fee schedule is posted on Wyoming Medicaid's website indicating the payment method for each service (<http://wyequalitycare.acs-inc.com>).

Wyoming Medicaid is revising the State Plan to add detailed information regarding covered dental services. The following changes will be made to reflect the covered services:

1. *Correction of Malocclusions*

In addition to dental services to provide EPSDT services for children, correction of malocclusions affecting physical function will be added

2. *Covered Services for Adults (ages 21 & older)*

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In addition to dental services to provide relief of pain and emergency dental conditions, the following covered services will be added:

- *Preventive visits
- *Basic restorative services
- *Extractions
- *Partial or Full Dentures

3. *The application of fluoride as a preventive protocol is covered when performed by a trained healthcare provider in addition to dentists.*

Wyoming Medicaid is revising the State Plan to omit the following:

Reimbursement for specialties with only one provider are paid at billed charges, specialties with only two providers are paid at eighty-five percent of billed charges.

Fee schedule developed by setting top twenty procedure codes at the 75th percentile and applied same percentage of increase to remainder of fee schedule.

One preventive visit per year with examination, x-rays and prophylaxis; and

Basic restorative services excluding crowns, bridges or full and partial dentures except when determined to be medically necessary.

The above changes to the Wyoming State Plan are being made to clarify covered dental services for adults and children and to align a payment methodology with all other Medicaid services. The estimated amount of budgetary impact to the program will be insignificant based on current claims data and the low incidence of manually pricing dental codes.

Written comments and/or questions may be sent to:

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